Government of
Saskatchewan

Annual Report
1983-84

Saskatchewan Hospital Services Plan

April 1, 1983 to
March 31, 1984

W. F. Roger
Executive Director
T. C. Douglas Building
3475 Albert Street
Regina, Saskatchewan S4S 6X6

ISSN 0382-3725

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Highlights for 1983-84

Mr. W. F. Roger was appointed Executive Director.

Mr. E. H. Wright was appointed Associate Executive Director.

Funding enrichments provided for Patient Education program; Respite Care; Adult Day Care and Well-Elderly Clinics; Community Alarm and Support Systems, as well as Cardiac Services in Regina.

A 4-bed Paediatric Intensive Care unit at University Hospital was opened.

St. Paul's and City Hospital, Saskatoon received special supplemental funding to allow for waiting list reduction measures to be introduced.

Package 2, a 20 million dollar extension to the Pasqua Hospital, Regina was completed.

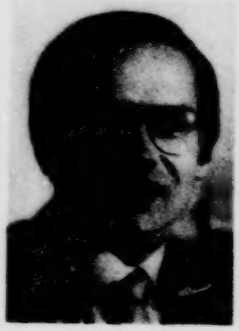
A new 8-bed hospital at Cut Knife costing $1,145,000 was completed.

An energy efficient laundry was opened in Regina in September, 1983.

Graham Taylor
Minister of Health

Walter Podiluk
Deputy Minister of Health

K. J. Fyke
Deputy Minister of Health
September 1979 - June 1984



P. A. R. Glynn, Ph.D.
Associate Deputy Minister of Health

W. F. Roger
Executive Director
Saskatchewan Hospital Services Plan

Saskatchewan

Minister of Health

Legislative Building
Regina, Canada
S4S 0B3

To The Honourable Frederick W. Johnson,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1984.

Respectfully submitted,

Graham Taylor,
Minister of Health.

Saskatchewan

Saskatchewan Health

Deputy Minister

3475 Albert Street
Regina, Canada
S4S 6X6

To The Honourable Graham Taylor,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1984.

Respectfully submitted,

Walter Podiluk,
Deputy Minister of Health.

Organization Structure

The Plan's Organizational Structure at year end is shown in the accompanying organization chart.

There were several significant personnel and organizational changes during 1983-84. Appointments included Mr. W. F. Roger as Executive Director; Mr. E. H. Wright as Associate Executive Director, and Mr. D. J. Nevill as Coordinator, Project Planning Process Review. Reporting relationships were altered as shown in the accompanying chart facilitating the flow of information and decision making process.

The main responsibilities of the various units within the Plan are as follows:

Hospital Services is responsible for program planning and, through the hospital administration analysts, for the review and allocation of operating funds to all acute care hospitals in the province. The hospital administration analysts are also responsible for liaison with hospitals which are allocated to them on the basis of comparable size and function. The Extended Care Services Unit within the Division serves as the primary liaison between the Plan and extended care (level 4) hospital units, as well as the Continuing Care Branch, Saskatchewan Health, in matters relating to long-term care services.

Finance is responsible for the financial planning and control of the Plan's program budget, management of the Saskatchewan Hospitalization Fund, and the administration of The Hospital Revenue Act. This unit is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

Hospital Standards is responsible for maintenance of adequate standards in hospitals. This program is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, dietary, physical therapy and health records. Consulting services in pharmacy and radiology are also available to the Plan.

Community Health Services is responsible for program planning for the province's community clinics, community health and social centres and private practice physical therapy facilities under contract to the Minister of Health. This unit is responsible for the budget review and allocation of funds to these facilities, and to the Saskatchewan Cancer Foundation.

Administrative Services provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions. This unit also administers provisions of The Union Hospital Act.

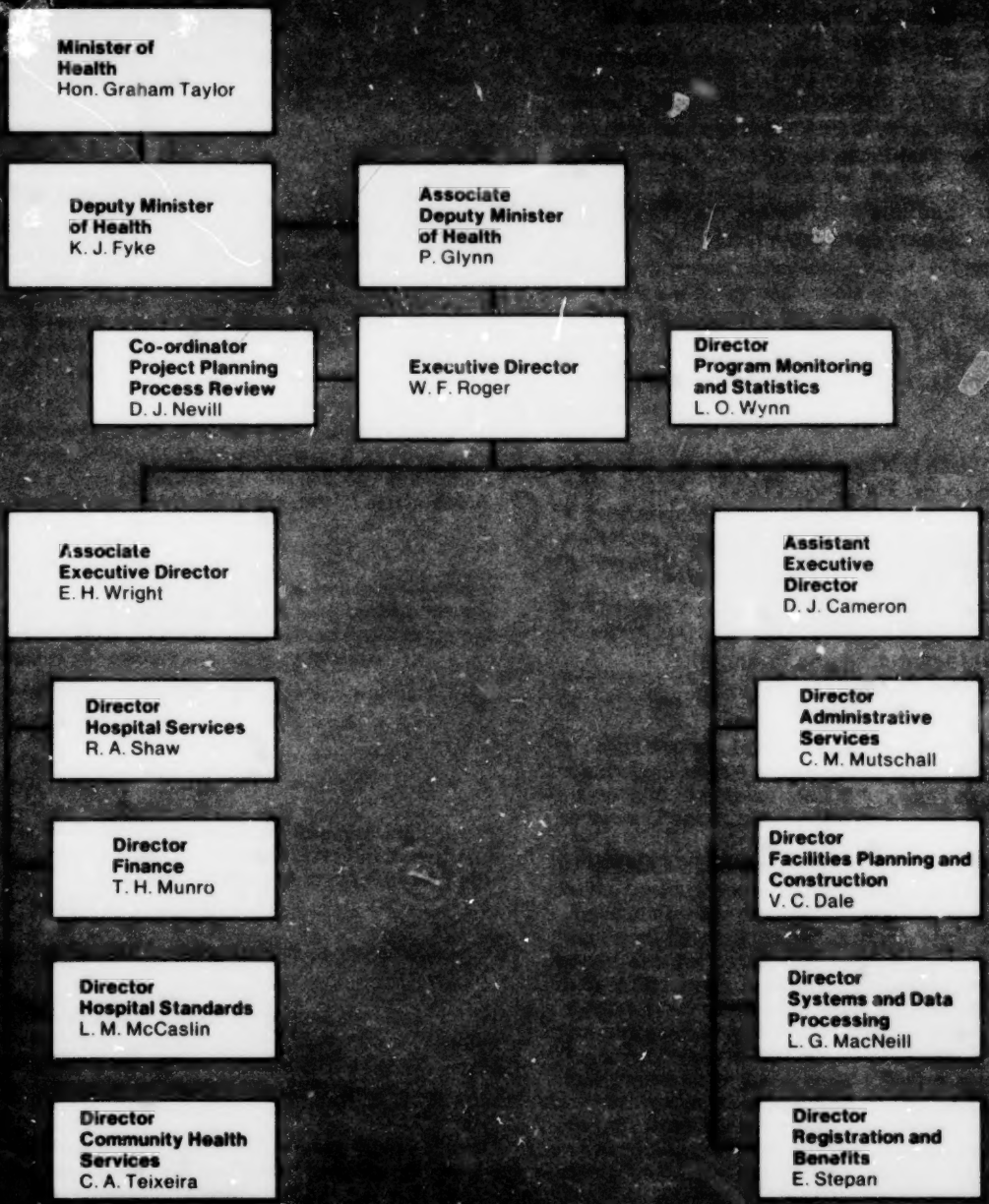
Facilities Planning and Construction is responsible for planning assistance, the review and approval of construction projects, and for the subsequent provision of financial grants to hospitals with approved capital projects.

Systems and Data Processing is responsible for systems design and analysis carried out in the plan. This unit assists the Plan and various branches of the Department in meeting their responsiblities through an extensive information management system. The systems and data processing unit also provides services to other government departments and agencies.

Registration and Benefits is responsible for administering the registration and benefit provisions of The Saskatchewan Hospitalization Act. The unit is responsible for issuing health services cards to eligible residents and providing assistance to residents applying for health care through central and regional offices. The unit also processes all hospital admission-separation records for hospital services provided in the province and outside the province.

Program Monitoring and Statistics is responsible for reviewing the effectiveness and efficiency of existing programs. This unit also participates in the design and prospective appraisal of new programs or modifications to existing programs and is also responsible for the maintenance of the Plan's statistics and routine information reporting.

The services of a medical consultant are available to the Plan upon request, and assistance is also obtained from the Policy Research and Management Services Branch of Saskatchewan Health in carrying out research and development activities.


Minister of Health
Hon. Graham Taylor
Deputy Minister of Health
K. J. Fyke
Associate Deputy Minister of Health
P. Glynn
Co-ordinator Project Planning Process Review
D. J. Nevill
Executive Director
W. F. Roger
Director Program Monitoring and Statistics
L. O. Wynn
Associate Executive Director
E. H. Wright
Director Hospital Services
R. A. Shaw
Director Finance
T. H. Munro
Director Hospital Standards
L. M. McCaslin
Director Community Health Services
C. A. Teixeira
Assistant Executive Director
D. J. Cameron
Director Administrative Services
C. M. Mutschall
Director Facilities Planning and Construction
V. C. Dale
Director Systems and Data Processing
L. G. MacNeill
Director Registration and Benefits
E. Stepan

Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.

- To register residents as beneficiaries of Saskatchewan health programs through the issue of health services cards.

- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.

- To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

- To authorize the expansion, improvement or addition of programs in hospitals.

- To fund other approved facilities and programs for insured services provided to beneficiaries.

- To provide planning and financial assistance for hospital construction.

- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.

- To administer the provisions of The Hospital Revenue Act.

Registration and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and regulations thereunder provide authority for the operations of the province's hospital care insurance program.

Eligibility for Benefits

All permanent residents of Saskatchewan are entitled to receive health service benefits without the payment of a premium. Every permanent resident of Saskatchewan is required to register and participate in the provincial hospital care plan unless benefits are provided under other provincial or federal programs.

After registration with the Plan, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration with the Plan, benefits for new residents (see list below) entering Saskatchewan from outside Canada are provided from the date they establish residence in Saskatchewan:

- returning Canadian citizens.
- returning residents.
- landed immigrants.
- non-immigrants which include members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation.
- discharged members of the Canadian Forces.

Members of the Canadian Forces, the Royal Canadian Mounted Police and inmates of federal penitentiaries are excluded from the Plan since they receive benefits under federal programs.

Beneficiaries of the Plan who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere plus the next two full months.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. In such cases residents are asked to notify the Plan of departure and return dates.

Persons who enter into employment contracts for work outside of Canada not exceeding 24 months and who intend to return and reside in the province, may upon presenting the Saskatchewan Hospital Services Plan with a copy of the work contract, be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for hospital care benefits for the period during which the nomination is effective.
- children in the care of the Minister of Social Services.
- inmates while serving a sentence in a provincial correctional institution.
- inpatients in mental hospitals and persons involuntarily admitted to psychiatric wards within the meaning of The Mental Health Act when requiring the services of an acute care hospital.
- Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of the their studies outside of Saskatchewan. A statement certified by the school or university verifying the student's attendance is required each year. Similarly, residents of other Canadian provinces or territories who enter Saskatchewan to attend an educational institution are not eligible to register with the Saskatchewan Plan. Such persons must maintain health registration in their home province. This policy is followed as a result of a federal-provincial agreement respecting eligibility and portability of hospital and medical care insurance benefits for all Canadian residents.

Registration for Benefits

Applications and assistance in registering are available from the Saskatchewan Hospital Services Plan, Regina, in most city, town, village and rural municipal offices; and from the Saskatchewan Hospital Services Plan regional offices located in Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Health services cards are issued to registered residents at the following times: on application; annually effective January 1 of each year; and when the Plan is advised of a change in the information recorded on the card, such as family composition, date of birth, or address.

Benefits Under the Plan

Benefits are available to beneficiaries without regard to age or pre-existing conditions.

In Saskatchewan, the Plan pays on behalf of inpatient beneficiaries, for most services which are normally provided by hospitals. The Plan also pays on behalf of outpatients for those services which the individual hospital is able to provide. This includes certain community health associations and community health and social centres. In addition, outpatient services provided by certain physical therapy and osteopathy facilities are paid for by the Plan, provided those facilities have entered into an agreement with Saskatchewan Health to provide insured services under the Plan.

In other provinces or territories of Canada the Plan provides to beneficiaries temporarily absent from the province, inpatient standard ward care at the per diem rate established by the provincial or territorial authority having jurisdiction. This benefit is subject to authorized charges prescribed by the applicable authority (described in the following section). The Plan also covers outpatient services provided by an approved hospital. The amount paid by the Plan will be 100 percent of the charge made for a similar outpatient service that is a benefit in Saskatchewan, less any applicable authorized hospital charge.

Beneficiaries temporarily absent from Saskatchewan are also entitled to payment for services received outside Canada. The services must be provided by an approved hospital.

Payment for inpatient services provided outside Canada by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, is based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceeding year. For the period April 1, 1983 to March 31, 1984, the maximum rate payable was $254 per day.

Where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is referred outside Canada by one of the Saskatchewan Health Agencies indicated below to obtain treatment not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including exchange on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of benefits for out of province referrals must be made by a Saskatchewan specialist physician to the Out-of-Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Outpatient services provided by an outpatient department of an approved hospital outside Canada are also covered by the Plan provided the services are a benefit within Saskatchewan. Accounts are normally paid by the Plan at the full amount charged by the hospital, less exchange on U.S. currency.

The Plan provides benefits for a limited period of time for persons who establish residence outside Saskatchewan. This coverage is provided to the end of the last day of the second calendar month following the month in which residence was established outside Saskatchewan. Payments will be made on the same basis as those made for beneficiaries temporarily absent from the province who obtain hospital services in other provinces or territories of Canada or outside Canada.

Hospital Authorized Charges

Authorized charges for inpatient or outpatient services imposed in the province of British Columbia are the responsibility of the patient when hospital services are received in that province. Effective November 1, 1983, Newfoundland discontinued authorized charges to Saskatchewan residents hospitalized in that province.

Extended Care (Level 4) (Refer also to page 13 of this report)

Patients who have been assessed as requiring Level 4 care and who are occupying hospital beds within Saskatchewan hospitals are not eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly charge assessed by Continuing Care, Saskatchewan Health. For the period April 1, 1983, to October 31, 1983, the charge was $417 per month and was increased to $447 per month effective November 1, 1983. The monthly charge is now adjusted quarterly. The first quarterly adjustment increased the charge to $453 per month effective February 1, 1984.

Extended care (Level 4) provided to Saskatchewan residents outside of Saskatchewan is not an insured service. The patient is personally responsible for the cost of Level 4 care provided by out-of-province facilities.

Non Benefits Under the Plan

The following services, materials or charges are not insured by the Plan:

- Extended Care (Level 4).

- inpatient and outpatient services provided for reasons other than medical necessity.

- the extra cost of private and semi-private ward accommodation provided:

a) in Saskatchewan when chosen by the patient, not ordered by a physician

b) outside Saskatchewan under any circumstances

- the services of persons not employed by the hospital.

- care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders.

- generally, hospital care involved with cosmetic surgery. However, in certain cases the Plan may provide benefits. The attending physician may obtain information by writing the Saskatchewan Medical Care Insurance Commisssion.

- certain drugs, biologicals and related preparations.

- outpatient services provided by facilities within Saskatchewan other than hospitals unless the facility has an agreement with Saskatchewan Health to provide insured services under the Plan.

- services rendered by facilities outside Saskatchewan, which are not provided by departments of approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility.

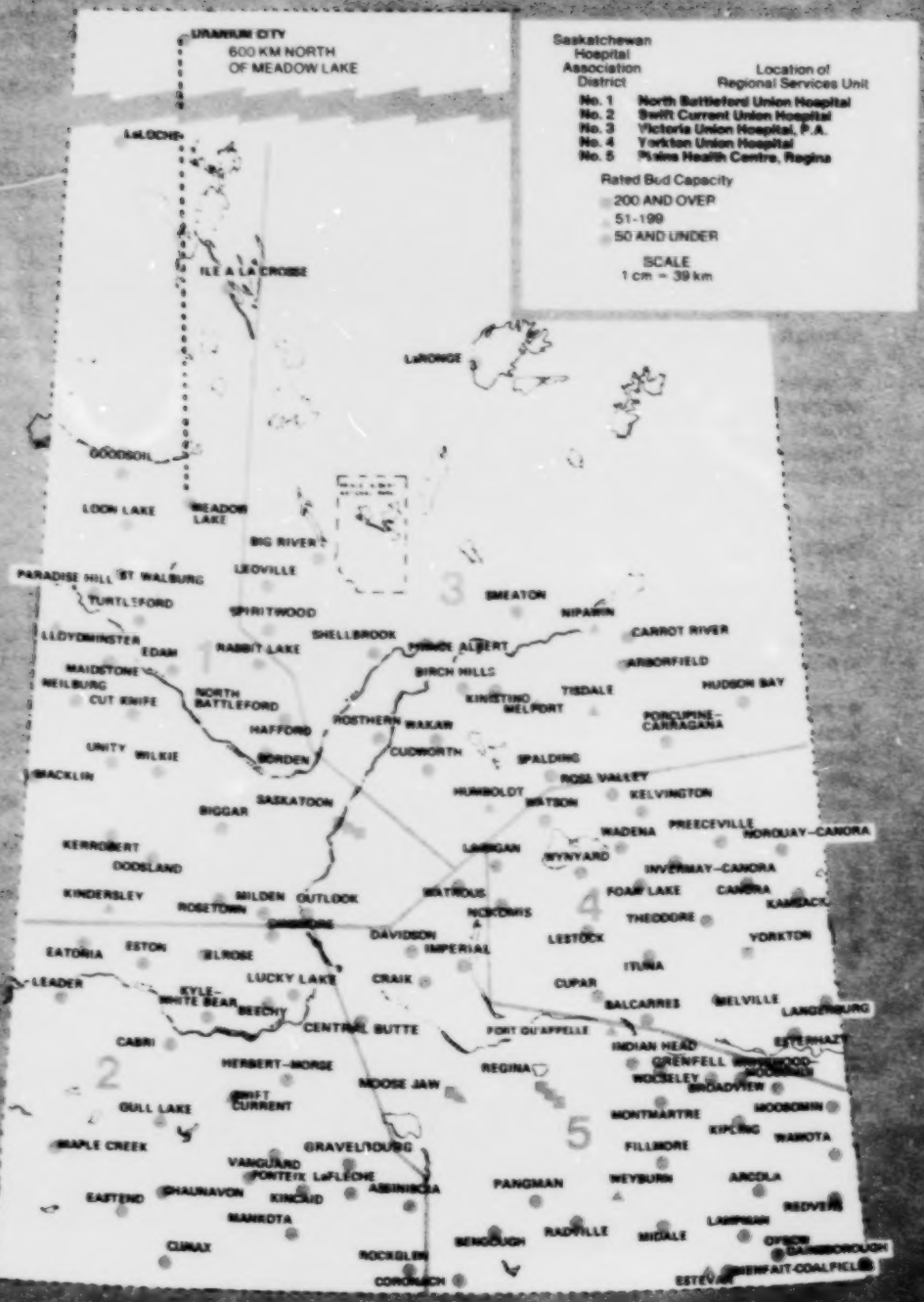
- transportation costs (ambulance service), except between hospitals in the same city located in Saskatchewan.

- authorized hospital user charges, e.g. co-insurance charges applicable in British Columbia and Newfoundland.

- services provided outside Canada for the treatment of cancer involving the use of cancer treatment drugs or procedures not approved in Canada.

- take home drugs and appliances.

General Hospitals in Operation at March 31, 1984



Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and regulations thereunder provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- the types of services each hospital should provide.
- the volume of services each should provide.
- the total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Services

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of services they are qualified to provide.

District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.

Regional hospitals provide basic hospital care to residents of their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity and assume a limited role in education.

The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate areas. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. Wascana Hospital, a division of the South Saskatchewan Hospital Centre in Regina, provides speciality service in physical rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations.

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and so needs to be adjusted. By comparing the provincial average utilization by age and sex groupings, with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.) an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group. Example:

Number of males in municipality Z in the age group 70-74 = 15

Provincial average utilization experience for all males age 70-74 = 4,800 days per 1,000 covered population.

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population.

Adjusted number of males in municipality Z in the age group of 70-74 = $\frac{4,800}{1,600}$ X 15 = 45.

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital, to the total number of discharges from all hospitals of persons from that municipality in a year, is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by hospital A = 100 ÷ 300 = $^1/_3$

Adjusted population credit for hospital A = 3,000 X $^1/_3$ = 1,000.

This is repeated for each municipality in which persons discharged from hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average days of stay than the small hospitals. Hospitals are therefore grouped by bed size, and the ratio of the average days of stay for hospitals in the group, to the average days of stay for all hospitals in the province, is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10-24 beds, the average days of stay is 6.8 days and for all hospitals it is 8.2 days, then for each hospital in this group the population served is multiplied by the fraction 6.8 over 8.2, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian population, to adjust for the high utilization rate experienced by Registered Indians (see Appendix E 2).

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the average 5.03 persons per thousand adjusted non-Indian population requiring hospital care per day. For the Registered Indian population, the formula assumes an average of 8.70 persons per thousand adjusted Indian population requiring hospital care per day.

An estimate of those patient days which are not the responsibility of the Plan but which are provided by the hospital, is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay).

Non-Indian — 20,000
Indian — 2,000

Also assume non-SHSP days estimated at 500. The approved number of patient days would be calculated as follows:

$$\frac{(20,000 \times 5.03)}{1,000} + \frac{(2,000 \times 8.70)}{1,000} \times 365 + 500 = 43,570$$

or an average of 119.4 (43,570 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly sums.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner yet maintain acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula, hospitals are permitted to retain a certain amount of any operating surplus that may occur.

A global budget liaison committee consisting of representation from hospitals and the Plan has been established for the following purposes:

- to recommend policies and procedures as they relate to the global budget review system.
- to review and assess the application of the global budget review system.
- to provide an evaluation of the global budget review system.

1983-84 was the fourth year of the current global budget cycle.

As a general rule, the global budget system is mandatory for all base and regional hospitals. It is optional for all other hospitals. In 1983-84, 18 hospitals participated in the global budget system.

Major Activities and Development

Small Hospital Initiatives Package

In 1983-84, $500,000 was made available to rural hospitals to test the feasibility of initiatives which will better meet the health-care needs of the local communities, particularly the needs of the chronically ill and the elderly. These new pilot projects will include:

- Patient Education Programs — emphasis will be placed on therapeutic diet counselling;
- Respite Care — will allow short-term care up to 14 days for persons who normally reside at home and who are dependent on family members;
- Adult Day Care and Well-Elderly Clinics — these programs will combine social activities for the elderly with some screening and assessment for early detection of health problems;
- Community Alarm and Support — elderly disabled individuals would be able to summon assistance in emergencies using an electronic system.

Waiting List Reduction Program

In 1983-84 substantial supplemental funding was provided to Saskatoon City and St. Paul's Hospitals to control surgical waiting lists in the City of Saskatoon. Waiting list reduction measures have allowed specific attention on paediatric ear, nose and throat cases.

Paediatric Intensive Care Unit

1983-84 saw the establishment of a 4-bed Paediatric Intensive Care Unit at the University Hospital.

Cardiac Services in Regina

Funding improvements were provided for cardiac services at the Plains Health Centre in Regina.

Minister's Advisory Committee on Hospital Services

The Minister's Advisory Committee consists of representatives from the Saskatchewan Health-Care Association, the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Association of Health Care Executives, The Saskatchewan Registered Nurses' Association and SHSP. The committee was formed to secure informed advisory input into hospital programs and services from agencies actively involved in the hospital field.

Extended Care

Definition

Extended care (Level 4) services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is

provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

There are three classifications of Level 4 care:

Level 4a: Specialized Supervisory Care — emphasizes the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.

Level 4b: Supportive Care — emphasizes skilled nursing care and specialized techniques to arrest or retard physical deterioration.

Level 4c: Restorative Care — emphasizes a restorative program designed to improve functional ability to the extent that the patient may return to the home or to a facility providing a lesser level of care.

In 1983 there were 121,976 people or 12.02 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 year age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of Level 4 patients are in the 65 year and over age group.

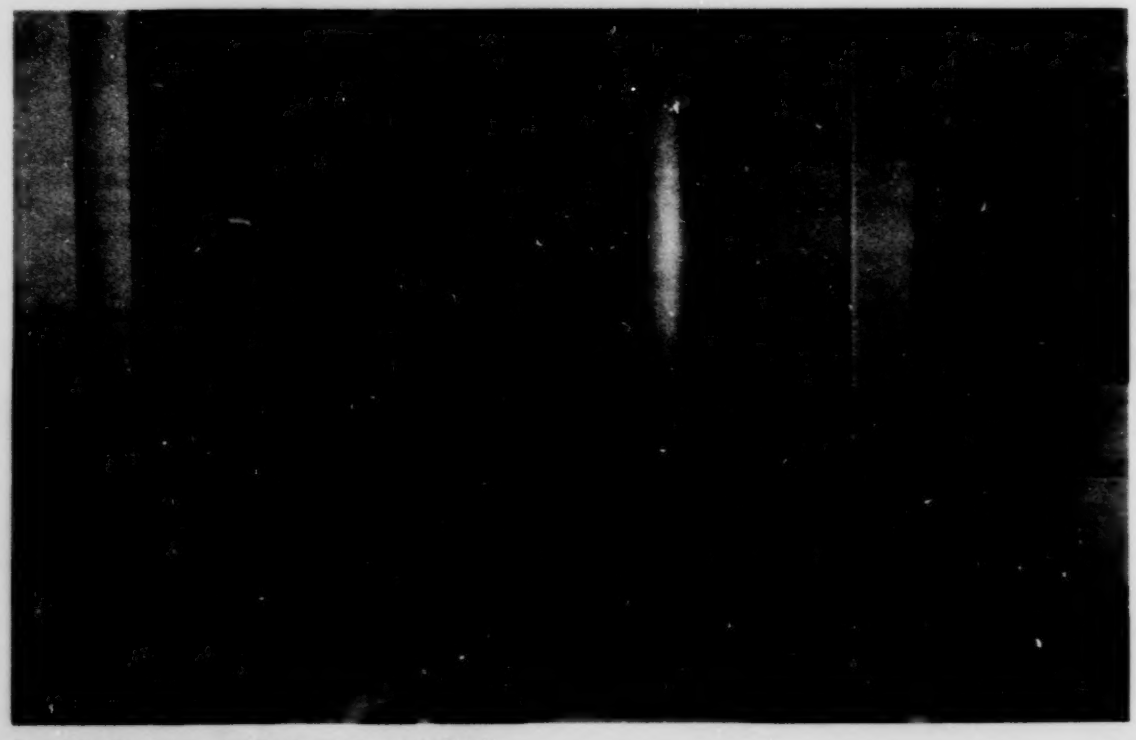
Policy

Effective July 1, 1981, Saskatchewan Social Services assumed responsibility for the provision of extended care (Level 4) services through its Continuing Care Division. A decision was made to transfer this division to Saskatchewan Health effective April 1, 1983.

Level 4 beds are available in extended care facilities such as the Parkland Regional Care Centre at Melfort, Palliser Regional Care Centre at Swift Current, Souris Valley Regional Care Centre at Weyburn, Frank Eliason Centre and the Sanitorium at Saskatoon, Battlefords Regional Care Centre at North Battleford, all of which come under the jurisdiction of the Continuing Care Branch, Saskatchewan Health.

Regional extended care (Level 4) units are located in four Saskatchewan hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Hospital in Regina. Other designated units are identified in Table I.

Community hospitals, located in centres without a regional extended care hospital, have the option of allocating up to two beds for Level 4(b) services, with incremental funding provided by SHSP. These hospitals can also provide additional Level 4 services through conversion of approved Level 6 beds. As of March 31, 1984, 82 community hospitals allotted 160 beds for Level 4 care. There were an additional 294 Level 4 patients occupying acute care beds who were awaiting transfer to designated Level 4 beds.



New CCU/ICU Facilities at St. Peter's Hospital, Melville.

Admission and Discharge Arrangements

Admission of patients to Level 4 beds, including the Level 4b beds in local community hospitals, is made through an admission and discharge committee established for each regional Level 4 facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires Level 4 care, then such care can be provided in an approved facility.

Level 4 Beds in Saskatchewan

The following table lists the Level 4 facilities and beds presently available within the province.

Table I
Extended Care (Level 4) Facilities
(as of March 31, 1984)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains and Pasqua Hospitals	166
Saskatoon**	Frank Eliason Centre and Sanitorium	174
Swift Current	Palliser Regional Care Centre	122
Melfort	Parkland Regional Care Centre	120
Prince Albert***	Victoria Union Hospital and Holy Family Hospital	84
Yorkton****	Yorkton Union Hospital; St. Peter's Hospital, Melville	70
Weyburn	Souris Valley Regional Care Centre	310
Moose Jaw	Providence Hospital	42
North Battleford	Battlefords Regional Care Centre	89
Community Hospitals		160
	Total Beds	1,337*****

* Includes 131 level 4 beds at Wascana, 25 at Regina General, and 10 at Pasqua.
** Includes 64 level 4 beds at the Sanatorium and 110 level 4 beds at the Frank Eliason Centre.
*** Includes 69 level 4 beds at Prince Albert Victoria and 15 at Holy Family.
**** Includes 60 level 4 beds at Yorkton Union and 10 level 4 beds at St. Peter's, Melville.
***** Does not include 294 level 4 patients occupying acute care beds.

Camp Easter Seal

This camp has been in operation since 1974, permitting up to 45 institutionalized Level 4 patients to enjoy a summer camping experience. It is believed to be the only camping program of its kind in North America available to such severely disabled persons, providing both recreational and therapeutic benefits. The camp is operated by the Saskatchewan Council for Crippled Children and Adults (SCCC&A) with financial support provided by the Continuing Care Branch, Saskatchewan Health.

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation which governs the standards of patient care provided by Saskatchewan hospitals.

The Act includes a section which provides the authority for the inspection of hospitals to ensure that minimum standards of patient care and safety are maintained in their operation, maintenance and management.

Regulations under the Act establish specific requirements in the areas of:

- hospital management and administration
- physical facilities
- hospital staff
- hospital bylaws, fire safety and disaster plans
- medical staff bylaws
- medical staff committee structure
- surgical operations, anaesthesia, infections/communicable disease control, and required procedures for pregnant women and newborns
- medical, dental nursing and other staff
- radiology, laboratory, physical therapy, pharmacy and dietary services
- health records: compilation, retention and confidentiality of
- quality of care
- other matters affecting hospitals.

Standards of Patient Care

The major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals rests with the hospital standards division of the Plan. This division employs consultants with special training and expertise in the disciplines of nursing, dietetics, health records, laboratory and physiotherapy, with part time assistance in pharmacy and radiology. These consultants visit hospitals on a routine basis to ensure that acceptable standards of safety and patient care are maintained in the entire spectrum of hospital services. Special attention is paid to quality and safety of hospital services provided to patients,

in compliance with existing legislation and hospital bylaws, as well as the adoption of accepted professional practices and techniques.

Other responsibilities of the hospital standards consultants, in addition to the field program, include:

- provision of consulting service to hospitals in the areas of their clinical expertise
- internal consulting duties to other divisions of the Plan
- special projects or studies
- liaison with professional organizations and Health Care Agencies.

A limited consulting service is also made available to hospitals by regional service units, the Saskatchewan Health-Care Association and private consultants.

Inspections relating to maintenance of fire safety standards in hospitals are carried out by inspectors from the Provincial Fire Commissioner's Office, and health inspectors make annual visits to review hospital sanitation. In all cases, each area of hospital operation is reviewed by those individuals who are most qualified and competent to do so.

Further influence on the standards of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have documented formal procedures for the implementation of disaster plans and fire drills and these must be reviewed annually and exercised in accordance with The Hospital Standards Act.

Although the overall responsibility for processing construction projects rests with the Plan's facilities planning and construction division, hospital standards consultants and hospital administration analysts review and assess architectural plans for all hospital renovations or new construction projects. Such reviews are undertaken to ensure that the physical facilities are adequate for providing a suitable level of service with respect to function, safety and efficiency of operation.

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister of Health.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance in the form of provincial construction grants. The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Construction Grants

Provincial grant assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for grant assistance except where desirable operating efficiencies can be achieved and a saving in operating costs would result.

The grant formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive construction grant assistance in the following percentages:

- Base Hospital — under discussion.
- Regional Hospital — 70 per cent of approved capital budget.
- Large Community Hospital (50 or more ADC) — 60 per cent of approved capital budget.
- Small Community Hospital (up to 50 ADC) — 50 per cent of approved capital budget.

Under certain circumstances it is possible for hospitals engaged in major construction to qualify for an additional grant, known as the Cost Protection Grant to supplement the Basic Provincial Grant mentioned earlier. The new policy recognizes that while construction costs are similar from one district to another, local ability to pay is governed by the current equalized assessment. Consequently, eligibility for the new Cost Protection Grant will occur when, after calculating the Basic Provincial Grant, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's principal portion remaining exceeds an amount equivalent to five mills over a period of 10 years.

In essence, approved costs over that amount (5 mills x 10 years) will be assumed by the province, while lesser amounts are the responsiblity of the hospital.

The new Cost Protection formula will be applied using the most current equalized assessment information available from the Local Government Board at the time of tender award.

Religious hospitals have no direct taxing authority to support capital projects. A new Cost Protection formula has therefore been designed for this group of hospitals. Eligibility for cost protection will occur when, after calculating the basic provincial grant, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's portion remaining exceeds $500,000. If the hospital's share exceeds $500,000, the province will share all costs over that amount on a 50%/50% basis.

Community health and social centres are eligible to receive construction grant assistance equal to 60 per cent of the approved capital cost, up to a maximum provincial grant of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- A 20 million dollar extension to the Pasqua Hospital, Regina, was completed in 1983. This extension is Package 2 of the regeneration project at this hospital, and provides expansion of patient care and service space.

- Work on the Package 3 superstructure and enclosure, with an estimated value of $7.3 million, at the Pasqua Hospital, Regina, was also completed in 1983, and construction on the remainder of this major phase of construction is proceeding with completion scheduled for 1985. This package will provide diagnostic and treatment areas and inpatient nursing units.

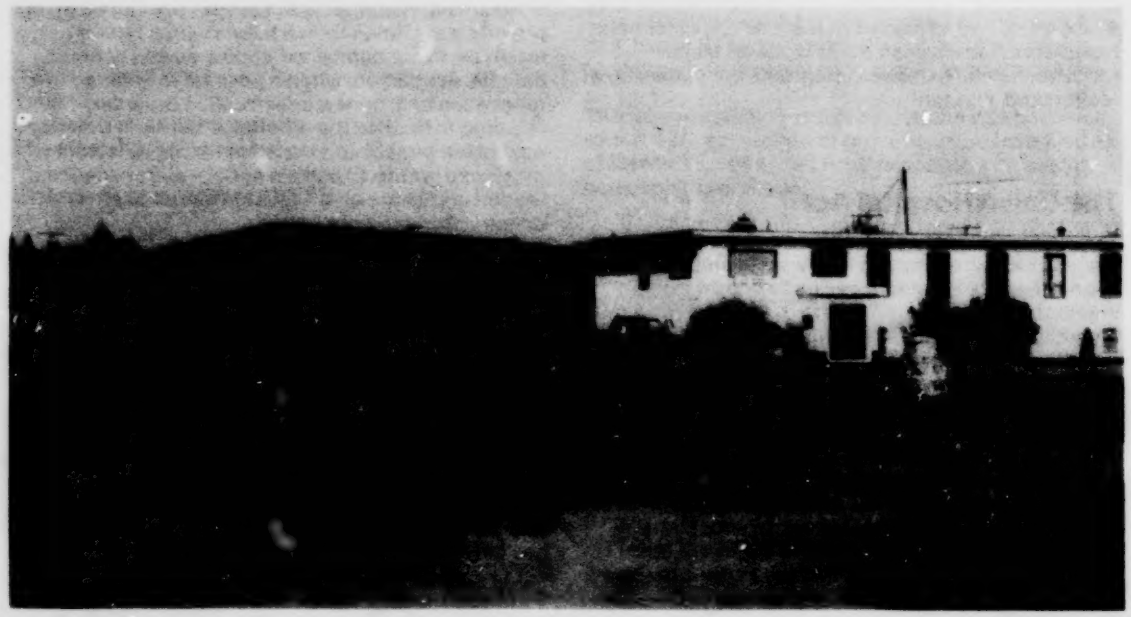
- During the year a number of projects in the phased multi-million dollar renovation program in the original buildings of University Hospital were completed or underway. Included were psychiatry wards, pharmacy, nuclear medicine, clinical offices, rehabilitation wards, therapeutic radiology and cancer clinic. A major upgrading of elevators and roofs and construction of a new parkade are underway.

- A new Kinsmen Children's Centre is under construction adjacent to Brunskill School near the University Hospital. This jointly funded project with the Kinsmen Foundation is expected to be in operation by the fall of 1984.

- St. Paul's Hospital, Saskatoon, continued planning activities for a contemplated major expansion and renovation project and completed a major fire safety upgrading program.

- Saskatoon City Hospital completed a number of renovations including fire safety upgrading.

- The joint Saskatoon Hospital Facilities Planning Committee, representative of the boards, administration, and medical staffs of University, City and St. Paul's Hospitals continue to address issues common to all three hospitals in Saskatoon. A new 5 year major planning initiative is underway.



"The Old Giving Way to the New" Cut Knife Union Hospital.

Ground Breaking Ceremonies for Expanded Yorkton Hospital Facilities.

- Major renovation projects were completed at:

  — Moose Jaw Providence Hospital — roof replacement.

  — Lanigan Union Hospital — to generally upgrade facilities.

  — Moose Jaw Union Hospital — to upgrade energy conservation deficiencies.

  — Eatonia Union Hospital — to upgrade outpatient and diagnostic facilities.

- A new 8 bed hospital was completed at Cut Knife at a cost of $1,145,000.

- Planning and design work was underway for new hospitals at Lloydminster and Nipawin. Major renovations and extension programs are underway at Melfort and Yorkton.

The Union Hospital Act

The Union Hospital Act enables neighbouring geographical areas which lack a sufficiently large tax base to finance expenditures on their own to join together in order that, collectively, they will have the financial means to maintain support of a local hospital. Areas taking formal action to organize in this manner become known as Union Hospital Districts.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In districts where substantial utilization of a hospital by Indians is a factor, the appointment of one or more Indians to the board may be approved by the Lieutenant Governor in Council.

Once the hospital district has been established, the Act enables the hospital board to either:

1. build and maintain a new hospital;

2. purchase, lease or take over by other means an existing hospital and maintain the operation of it; or

3. make grants to a hospital without owning it, in order to enable it to maintain a high standard of hospital care.

This third option exempts the participating municipalities of the district from making contributions under The Hospital Revenue Act, provided that the annual grants made are equal to, or greater than, the revenue which would have been derived from the hospital revenue tax had it been levied.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act, under guidance of the Plan's personnel, who provide a counselling service to members of hospital boards and municipal councils for interpreting The Union Hospital Act and implementing its provisions.

In 1983-84, the Union Hospital District centred on Turtleford was redefined. As at March 31, 1984, there were 116 established Union Hospital Districts in the province.

The Saskatchewan Hospital Services Plan pays all reasonable expenses incurred in the daily operation of hospitals. Hospitals are, however, responsible for providing the funds for such items as capital reserves, minor capital expenditures and operating deficits. In addition, when a hospital is involved in a renovation and/or new construction program, it is required to finance the difference between the total cost of the project and the amount available from provincial grants. In certain special circumstances, federal grants are also available for hospital construction projects.

The Hospital Revenue Act

The Hospital Revenue Act requires all municipalities or portions thereof, which are not subject to taxation for hospital support, to pay an annual hospital revenue tax, equivalent to two mills on their equalized assessment for the preceding year, to the Minister of Revenue and Financial Services. This tax has been levied since 1966. A discount of five per cent may be deducted if the tax is paid by December 31 of each year.

All money collected is disbursed to Saskatchewan hospitals prior to March 31 of the following year in accordance with a formula defined in the regulations under the Act.

The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by the residents of the municipalities which are paying the tax. A weighting factor in determining utilization is used to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province received special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by:

- joining a union hospital district where the board of the hospital district is operating a hospital for the provision of services to inpatients or where the board has entered into an agreement with a hospital or hospitals for a period of at least five years, whereby the board is required to make annual grants to the hospital at least equivalent to the amount that the municipalities in the hospital district would be required to pay to the Minister of Revenue and Financial Services under the Act; or

- entering into a five year agreement with one or more hospitals, or a hospital and a corporation or person operating a community health and social centre, whereby the municipality is required to make annual grants at least equivalent to the amount that the municipality would be required to pay to the Minister of Revenue and Financial Services under the Act.

Table II
Summary of Activity under The Hospital Revenue Act

(Selected years 1966 to 1983)

Year	Number of municipalities subject to the tax	Amount received by Minister of Revenue, Supply and Services	Number of hospitals receiving payments
1966	219	$391,848	75
1970	132	251,086	56
1975	113	234,098	50
1980	112	281,659	49
1981	114	292,155	50
1982	111	305,242	44
1983	113	313,731	45

* See Appendix A-1 for details of grants to hospitals under The Hospital Revenue Act in 1983-84.

Federal-Provincial Fiscal Arrangement and Established Programs Financing Act

Commencing April 1, 1977, the financing of hospital insurance was transferred to the Federal-Provincial Fiscal Arrangement and Established Programs Financing Act, 1977 (Canada). Saskatchewan Health is responsible for administering the program under the Hospital Insurance and Diagnostic Services Act and Saskatchewan Finance is responsible for administering the cost sharing arrangements under the Established Programs Financing Act.

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation is responsible for the operation of a voluntary program of hospital accreditation. The membership of the council is composed of representatives from national hospital, medical, and nursing associations.

Accreditation indicates that the hospitals' standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in The Accreditation Guide Book which is available from the executive offices of the council, located at 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the accreditation council the cost of each survey is recognized subject to the hospital sending a copy of the accreditation report to the Plan.

Accreditation status may be granted to hospitals for one, two or three year periods, following which a further survey is required to obtain re-accreditation.

The following table lists all Saskatchewan hospitals which were accredited or provisionally accredited as of March 31, 1984, that is 50 hospitals with a rated bed capacity of 5,538.

Table III
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1984

Assiniboia
Assiniboia Union Hospital

Balcarres
Balcarres Union Hospital

Biggar
Biggar Union Hospital

Birch Hills
Birch Hills Memorial Union Hospital

Table III — Continued
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1984

Cabri
Cabri Union Hospital

Canora
Canora Union Hospital

Central Butte
Central Butte Union Hospital

Cudworth
St. Michael's Hospital

Estevan
St. Joseph's Hospital

Eston
Eston Union Hospital

Fort Qu'Appelle
Fort Qu'Appelle Indian Hospital

Gravelbourg
St. Joseph's Hospital

Humboldt
St. Elizabeth's Hospital

Imperial
Imperial Union Hospital

Kamsack
Kamsack Union Hospital

Kerrobert
Kerrobert Union Hospital

Kindersley
Kindersley Union Hospital

Lestock
St. Joseph's Union Hospital

Lloydminster
Lloydminster Hospital

Lucky Lake
Lucky Lake Union Hospital

Macklin
St. Joseph's Hospital

Meadow Lake
Meadow Lake Union Hospital

Melfort
Melfort Union Hospital

Melville
St. Peter's Hospital

Moose Jaw
Moose Jaw Union Hospital
Providence Hospital

Moosomin
Moosomin Union Hospital
Moosomin-Whitewood Union Hospital

Neilburg
Neilburg & District Union Hospital

Nipawin
Nipawin Union Hospital

North Battleford
Battlefords Union Hospital

Preeceville
Preeceville Union Hospital

Prince Albert
Holy Family Hospital
Victoria Union Hospital

Radville
Radville Community Hospital

Regina
South Saskatchewan Hospital Centre
— Plains Health Centre
— Pasqua Hospital
— Wascana Hospital
Regina General Hospital

Rosetown
Rosetown Union Hospital

Rosthern
Rosthern Union Hospital

Saskatoon
St. Paul's Hospital (Grey Nuns') of Saskatoon
Saskatoon City Hospital
University Hospital

Shellbrook
Shellbrook Union Hospital

Swift Current
Swift Current Union Hospital

Turtleford
Riverside Memorial Union Hospital

Wakaw
Wakaw Union Hospital

Wilkie
Wilkie Union Hospital

Yorkton
Yorkton Union Hospital

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Saskatchewan Health-Care Association

Established in 1918, and formerly known as the Saskatchewan Hospital Association, the Saskatchewan Health-Care Association is the representative, non-profit body of health-care providers in Saskatchewan.

All organizations providing direct health-care services to the public are eligible for membership in the SHA, as are many organizations providing health-related services, and whose prime purpose is to improve health care, although they may not deal directly with the public.

The purpose of the Association is to enhance the comprehensive health system in the Province of Saskatchewan, by:

- bringing together all elements of the health system for discussion and concerted action;
- seeking to achieve, through co-ordination and integration, the highest quality service and most efficient use of resources possible;
- presenting the collective views of the membership to government, regulatory agencies, and other representative bodies;
- providing a complete range of services to members;
- encouraging participation in recognized accreditation and licencing processes;
- developing appropriate relationships with provincial and national associations having similar purposes and goals;
- keeping abreast of new developments in health care in other areas, and assessing their applicability in Saskatchewan.

SHA policies are established by a Board of Directors, members of which are elected or appointed from all parts of the province. These policies are then implemented by a staff of twenty-four.

The Association maintains liaison with Saskatchewan Health, as well as the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Registered Nurses' Association and other health-related agencies.

The SHA provides consulting services in the area of employee relations: the Employee Relations Department staff negotiate agreements on behalf of the membership, and recommend the negotiated agreements to members for their approval. This department also provides assistance in interpreting negotiated agreements, and represents members at hearings before the Labour Relations Board.

Through its Education Department, the SHA identifies the educational needs of its membership and promotes continuing education for both trustees and staff of member institutions. This department also assumes responsibility for providing career information and audio-visual materials as required in the field. Every fall, the Education Department presents its major event, the SHA's Education Conference and Annual General Meeting.

The Saskatchewan Health-Care Association provides centrally administered employee benefit programs: the SHA Pension Plan, the SHA Group Life Insurance Program, and the SHA Disability Income Plan.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides members with direction regarding computer system development and operation, through a coordinated and rational approach utilizing expertise from all segments of the health field. Continuous monitoring and updating of computer activities is provided through the Systems Management Committee and the Shared Systems Committee, two standing committees of the SHA's Board of Directors.

The Group Purchasing Department provides a group purchasing and tendering system, to help member institutions contain escalating costs. Current programs include Supplies and Pharmaceuticals, Linen Replacement, and Capital Equipment. During 1983, a major new undertaking was the identification and promotion of opportunities for the manufacture of health-care products within Saskatchewan.

The Association also administers, on behalf of Saskatchewan Health, the Extern Program, which gives third year medical students the opportunity to work in rural hospitals during the summer months.

Members are kept informed of all the above programs, as well as the SHA's many ad hoc activities, through the publication of a quarterly newsletter.

Membership in the Saskatchewan Health-Care Association during 1983 included 134 acute-care hospitals, 1 psychiatric facility, 6 rehabilitation and extended care facilities, 95 special-care homes, 29 home care boards, 13 road ambulance boards, and 41 other agencies, associations and authorities.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from The Saskatchewan Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979.

The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The two clinics provide a means for consolidation and co-ordination of the cancer control program.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the Cancer Clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by a Cancer Clinic for treatment not available in Saskatchewan, the Foundation pays the medical expenses incurred. In 1982, the Foundation began operating a lodge for out-of-town cancer patients attending the Saskatoon Cancer Clinic.

The Saskatchewan Hospital Services Plan administered an appropriation of $14,353,800 for cancer services in 1983-84.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400-2631 28th Avenue, Regina, Saskatchewan S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. From April 1, 1983 to March 31, 1984, the Plan paid $4,499,453 to the Canadian Red Cross Society for the provision of these services.

Saskatchewan Anti-Tuberculosis League

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Anti-Tuberculosis League has been the agency responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The League continues its mandate pursuant to provisions of The Non-Profit Corporations Act as of June 30, 1981.

Over the years, the League has operated inpatient Sanatoria in Fort San, Saskatoon and Prince Albert, receiving most of its funding from a municipal levy. With the declining incidence of TB, the inpatient use of the last operational sanatorium was discontinued in 1978 as was the special municipal tax levy. Patients requiring hospitalization in Saskatchewan are now treated in the province's general hospitals and the League's treatment and control program is funded through the Saskatchewan Hospital Services Plan.

Through the following activities, the Saskatchewan Anti-TB League has retained its central role in the control and treatment of the disease:

— League physicians provide consultative services to physicians who have admitted patients with TB to general hospitals.

— League physicians provide services through daily clinics in Saskatoon and Regina as well as temporary clinics in other areas including Prince Albert and Fort San.

— The League conducts surveys as required and is responsible for the distribution of anti- TB drugs, as well as the maintenance of a Central Registry of TB cases and contacts.

In addition to its treatment activities, the League uses income generated from its Christmas Seal campaign and other sources to fund various preventive programs related to lung and other respiratory diseases.

An account of the payments made to the Anti-TB League in 1983-84 is contained in Appendix A-1. In addition, the League publishes its own annual report which is available from the Saskatchewan Anti-Tuberculosis League, Echo Valley Centre, Fort San, Saskatchewan S0G 1T0.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. It employs other professional people and all other personnel required to operate the community clinic and is also responsible for providing the necessary facilities and equipment.

The physicians are paid a salary and provide a wide range of medical services. Salaries are based on average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan.

The types of services provided are determined by each individual community health association and include some or all of the following: diagnostic radiology, laboratory, physical therapy, occupational therapy, social services, nutrition counselling, optometric and pharmaceutical services. Other programs include weight reduction, fitness classes and group therapy.

In 1983-84 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle and through satellite clinics on Saskatoon's west side and in the Lawson Heights area.

A community health association continued to operate a clinic in Lloydminster in 1983-84.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a line-by-line basis following a detailed budget review. Funds for physician services and optometrist services are reimbursed to SHSP by MCIC.

For a detailed account of payments made to community health associations in 1983-84 refer to Appendix A-2.

Community Health and Social Centres

A community based program of health and social services was initially developed in a number of small rural communities as an alternative to the institutional care provided by small general hospitals. The objective of the program is to provide a preventive and curative health and social program which is balanced and co-ordinated by bringing together the essential health and social services required on a day-to-day basis by people residing in rural communities.

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide primary medical care and other services as alternatives to institutional care where indicated.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of a program are:

- outpatient diagnostic and treatment services based on a regular visiting physician service.
- an on-call nurse to provide 24-hour emergency service.
- public health services such as:
  - preventive health services
  - maternal and child health conferences
  - immunization
  - school health visiting
  - health education

In addition, the following are based in the health and Social Centre in some communities:

- a homemaker program
- a social activity program primarily for elderly people where one can be arranged
- other home care services (e.g. meals on wheels, handyman, etc.)

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1984. Of these, two are located in communities that opted to close their hospitals in favour of developing this type of community based health and social program.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1983-84.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed

physician. Payments are made to these facilities based on a negotiated cost per time unit of service rendered to insured beneficiaries.

During 1983-84 the Minister of Health had contracts with the owners of nine private practice physical therapy facilities in the province. The agreements provide for certain limits on the volume of insured services and for the continuance of a Professional Review Committee composed of two representatives from the Private Practitioners Section of the Saskatchewan Physical Therapists Association, one representative from the Council of the Physical Therapists Association and one representative selected by the Minister of Health.

The primary purposes of this committee are to monitor standards of practice and review accounts. Appendix A-3 provides a detailed account of payments to these facilities in 1983-84.

Regional Hospital Laundries

Regional hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. In 1983-84 regional laundry and linen services were provided to 17 hospitals in the Regina area, 22 in the Saskatoon area, 22 in the Prince Albert area and 14 in the Yorkton area.

At the beginning of each fiscal year, the Plan approves a user rate based on estimated expenditures and estimated volumes of linen to be processed during the year. Client hospitals are charged a user fee per pound for laundry and linen services.

Through the work of the Central Laundry Co-ordinating Group, the regional laundries group purchased certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a regional laundry and benefit from volume buying as well.

A new laundry facility was officially opened in Regina by the Minister of Health on September 19, 1983. It is expected to be the most energy-efficient laundry in North America.

In 1983-84 regional laundries processed approximately 21 million pounds of linen.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund funds post-graduate education salaries (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1983-84 salary support was provided for approximately 51 interns and 154 resident positions and approximately 60 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries the Clinical Services Fund provided support in 1983-84 for fifth year medical student stipends, a summer employment program for third year medical students, an education co-ordinator at Saskatoon City Hospital, and a grant to the College of Medicine's Division of Continuing Medical Education.

In 1983-84 the Clinical Services Fund disbursed $9,947,700:

Interns	$1,311,073
Residents	4,951,714
Faculty Salaries	3,414,643
Services-related Projects	270,270
Total	$9,947,700

Hospital Systems Study Group

The Hospital Systems Study Group (HSSG) is a non-profit company incorporated under The Non-Profit Corporations Act, 1978. Voting memberships are held by University Hospital, The South Saskatchewan Hospital Centre, The University of Saskatchewan, The University of Regina, The Saskatchewan Health-Care Association and Saskatchewan Health.

HSSG provides a variety of services in the health-care field in Saskatchewan including systems development, research, management services and data processing. The work done by HSSG reflects the continuing needs of users for better management and information systems and the rapidly changing field of systems technology.

Services provided by HSSG include:

- the Personnel/Payroll System serving 47 hospitals and 3 extended care facilities.

- the Central Agency of Saskatchewan Hospital (CASH) program accounts payable system serving 22 hospitals and 2 community clinics. By consolidating acounts payable through a central interest bearing bank account savings of over $854,800 have accrued to hospitals since 1973.

- the General Ledger system serves 19 hospitals and 2 community clinics.

- the Employee Benefit Plan system is maintained and operated under contract to the Saskatchewan Health-Care Association.

A copy of HSSG's Annual Report may be obtained from the Executive Director, Hospital Systems Study Group, 3337 8th Street E., Saskatoon, Saskatchewan S7H 4K1.

Osteopathic Services

Osteopathy is defined as the art and science of prevention, diagnosis and treatment of disease and injury which adds to generally accepted medical procedures, the use of manipulative methods to detect and correct maladjustments of, or affecting, the bones, muscles, blood vessels, nerves and other tissues. There are no schools of osteopathy in Canada. Graduates from recognized schools in the United States have at least three years of pre-medical education plus four years of training in medicine, including the speciality of osteopathy.

A Doctor of Osteopathy in Saskatchewan must enter into an agreement with the Minister of Health in order to be reimbursed by Saskatchewan Health for the services which he/she provides to beneficiaries. A statement of payments in 1983-84 is contained in Appendix A-3.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The approved budget for the 1983-84 year was $423,883. Monthly payments are processed through the University Hospital.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1984, amounted to $443,296,409. Payments for the fiscal years 1981-82, 1982-83 and 1983-84 are shown in Appendix D-1.

Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1984, payments totalling $365,289,489 were made to in-province hospitals for in-patient care. For further details see Appendix D-1. Payments to in-province hospitals for outpatient services amounted to $53,407,288 for the twelve months ending March 31, 1984.

During the year the Plan paid $4,454,648 to Saskatchewan hospitals for in-patient and out-patient care provided to residents of other provinces under reciprocal agreements with these provinces. These payments are invoiced to other provincial government authorities responsible for these non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $611,077 remains outstanding as at March 31, 1984.

In addition, payments to other approved facilities within the province amounted to $6,264,814.

Payments for insured services provided outside the province amounted to $14,693,373 for the twelve months ending March 31, 1984. Of this amount $13,484,981 was paid for in-patient services and $1,208,392 was paid for out-patient services.

Administration Expenses

During the twelve months ending March 31, 1984, it cost $4,529,482 to operate the Plan. There were 147 positions approved for the Plan as of March 31, 1984.

Revenues

The total revenue for the Saskatchewan Hospitalization Fund during the twelve months ending March 31, 1984 amounted to $443,410,793 of which nearly 100.0 percent came from Consolidated Fund appropriations.

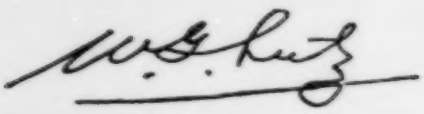
Auditor's Report

To the Members of the Legislative Assembly of the Province of Saskatchewan

I have examined the statement of receipts and payments and the supporting statement of general administration payments for the Saskatchewan Hospitalization Fund for the year ended March 31, 1984. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the cash transactions of the Fund for the year ended March 31, 1984 and the balance of fund at that date in accordance with the stated accounting policies applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan,
April 25, 1984.



W. G. Lutz, F.C.A.,
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

Statement of Receipts and Payments
For the Year Ended March 31

	1984	1983
Receipts:		
Miscellaneous Revenue	$ 33	$ 118
Grants from Consolidated Fund — for Administration	4,571,560	4,527,460
— for Hospitalization	438,839,200	407,900,000
	$ 443,410,793	$ 412,427,578
Payments:		
Hospitalization —		
Hospitals within the province (note 3)	$ 418,696,777	$ 390,391,274
Hospitals outside the province	14,409,551	12,326,907
Other approved facilities within the province (note 3)	6,264,814	5,704,775
Reimbursement to patients re:		
Out-of-Province hospital accounts	283,822	279,966
Less: Recoveries — third-party liability	1,162,782	892,240
Hospitalization payments — Saskatchewan residents	$ 438,492,182	$ 407,810,682
Hospitals within the province — reciprocal billings for non-province residents (note 3)	274,745	(229,479)
Total Hospitalization payments	$ 438,766,927	$ 407,581,203
General Administration —		
Salaries, services and gratuities	$ 4,161,317	$ 4,124,453
Travel, sustenance and vehicle expense	98,487	90,745
Other	1,475,224	1,393,649
	$ 5,735,028	$ 5,608,847
Less: Recoveries for services to other agencies	1,205,546	1,066,759
Total General Administration Payments (Statement 2)	$ 4,529,482	$ 4,542,088
	$ 443,296,409	$ 412,123,291
Excess of receipts over payments	$ 114,384	$ 304,287
Balance of fund, beginning of year	946,447	642,160
Balance of fund, end of year	$ 1,060,831	$ 946,447
Represented by:		
Cash	$ 1,060,831	$ 946,447

(See accompanying notes to the financial statements)

Statement 2

Saskatchewan Hospitalization Fund

Statement of General Administration Payments
For the Year Ended March 31

	1984	1983
Salaries, services and gratuities	$ 4,161,317	$ 4,124,453
Postage, telephone and telegraph	336,195	278,482
Miscellaneous professional and technical services	261,000	307,516
Computer services	200,206	203,685
Equipment — Rentals	112,828	107,303
— Purchase of machines	12,324	14,547
— Repairs (including minor equipment purchases)	10,721	8,275
Stationery and office supplies	106,547	66,863
Travel, sustenance and vehicle expense	98,487	90,745
Employer's share — Unemployment Insurance	82,274	59,194
Employer's share — Public Employees' Superannuation Plan	75,502	65,055
Registration services fees	66,115	65,985
Programmer analyst services	54,653	64,605
Employer's share — Canada Pension Plan	43,342	43,546
Workers' Compensation Board assessment	27,704	27,904
Other miscellaneous contractual services	16,555	25,571
Freight, express, cartage and duty	14,352	2,511
Printing, binding and engraving	11,333	17,299
Employer's share — Public Employees' Dental Plan	8,157	7,946
Registration fees	7,235	3,860
Employer's share — Disability Income Plan	6,911	5,169
Bank overdraft charges	6,592	452
Legal fees and expenses	4,784	3,972
Association and Professional Dues	3,909	4,555
Miscellaneous	5,985	9,354
	$ 5,735,028	$ 5,608,847
Less: Recoveries for services to other agencies	1,205,546	1,066,759
Total to Statement 1	$ 4,529,482	$ 4,542,088

(See accompanying notes to the financial statements)

Saskatchewan Hospitalization Fund

Notes to Financial Statements
March 31, 1984

1. **Accounting Policies**

(a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding Cash) are not reflected in these financial statements.

(b) In accordance with government accounting policy, costs which are not normally allocated between government departments, such as occupancy costs are not charged to the Fund.

(c) Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

(d) Hospitals are financed by payments made throughout the year on the basis of reasonable cost of providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Contingent Assets**

Under Section 26 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries are $2,693,123.

3. **Agency Agreements**

As permitted under Section 6.1 and Section 7 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund acted as agent for the Saskatchewan Medical Care Insurance Commission in regard to physician salaries in community clinics; the Department of Health, Continuing Care Branch in regard to Level 4 patients in general and rehabilitation hospitals; and governments of other provinces in regard to residents of other provinces. Payments stated are net of recoveries. These recoveries in the year under review were $4,293,187 from the Saskatchewan Medical Care Insurance Commission, $17,140,800 from the Department of Health, Continuing Care Branch, and $4,179,903 from the governments of other provinces.

Appendices

Appendices

Readers of this report are advised the statistical section that follows excludes utilization and diagnosis data, which has been provided in previous reports. A separate statistical supplement will be issued.

Appendix A **Payments to Hospitals and Other Facilities**

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1983-84.

A-2 Payments to Community Operated Outpatient Facilities, 1983-84.

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1983-84.

Appendix B **Grants for Construction and Renovations, 1983-84**

Appendix C **Population Covered**

C-1 Age and Sex Distribution of Covered Population for Selected Years, 1947-83.

C-2 Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1973, 1978, 1983.

Appendix D **Payments for Saskatchewan Beneficiaries at all Locations**

D-1 Saskatchewan Hospitalization Fund Payments for Years, 1981-82 to 1983-84.

Appendix E **Acts Administered by the Plan**

Appendix F **Glossary**

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1984

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/84	Approved Daily Census Mar. 31/84	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
General and Rehabilitation Hospitals						
Arborfield Union		8	7.4	$ 417,864	$ –	$ –
Arcola, Brock Union		24	19.2	982,419	–	517
Assiniboia Union		42	25.6	1,440,988	58,763	3,110
Balcarres Union		29	20.7	1,142,344	56,620	–
Beechy Union		8	4.0	458,494	–	–
Bengough Union		16	9.8	501,440	–	–
Bienfait-Coalfields Union		12	7.0	311,169	–	–
Biggar Union		32	22.8	1,419,799	8,444	–
Big River Union		25	15.9	864,300	–	–
Birch Hills Memorial Union		15	10.5	668,767	–	–
Borden Union		10	9.5	387,434	–	–
Broadview Union		22	16.1	796,491	3,000	–
Cabri Union		20	7.8	542,873	–	–
Canora Union		50	35.3	2,296,965	–	–
Carrot River Union		18	14.3	771,529	7,266	–
Central Butte Union		30	19.9	1,058,994	–	–
Climax, Border Union		8	3.6	329,655	–	–
Coronach Union		12	6.6	502,375	–	–
Craik Community		8	5.0	354,074	8,422	417
Cudworth, St. Michael's		20	15.0	766,241	–	945
Cupar Union		17	9.4	552,807	24,378	–
Cut Knife Union		8	6.0	402,230	569,970	–
Davidson Union		17	14.2	730,590	38,963	558
Dinsmore Union		10	6.0	446,619	–	–
Dodsland Union		10	5.0	386,469	–	–
Eastend Union		13	6.4	524,976	–	–
Eatonia Union		12	6.7	458,948	–	–
Edam, Lady Minto Union		8	6.0	456,994	–	304
Elrose Union		7	5.0	421,542	–	–
Esterhazy, St. Anthony's		30	19.3	1,159,995	65,240	1,566
Estevan, St. Joseph's General	(1)	106	71.0	4,595,927	–	–
Eston Union		24	11.9	766,132	21,895	–
Fillmore Union		15	9.6	589,435	–	–
Foam Lake Union		18	15.3	758,099	15,140	–
Fort Qu'Appelle Indian	(A)	60	33.0	1,838,136	–	–
Gainsborough Union		14	7.8	477,250	–	–
Goodsoil Union		11	8.4	495,193	–	1,895
Gravelbourg, St. Joseph's		32	16.7	1,080,556	29,173	1,166
Grenfell Union		18	12.0	670,220	–	–
Gull Lake Union		16	6.3	472,788	3,750	–
Hafford Union		16	11.7	570,202	13,650	–
Herbert-Morse Union		19	10.2	588,419	–	492
Hudson Bay Union		18	14.1	821,675	2,367	–
Humboldt, St. Elizabeth's		81	53.6	4,116,844	–	2,004
Ile a la Crosse, St. Joseph's		46	18.8	1,359,271	–	8,585
Imperial Union		13	6.3	481,986	–	111
Indian Head Union		23	16.5	1,024,938	55,199	137
Invermay-Canora Union		11	6.7	397,288	–	–
Ituna Union		14	9.7	513,933	–	–

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1984

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/84	Approved Daily Census Mar. 31/84	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Kamsack Union		49	41.0	2,344,448	–	–
Kelvington Union		22	14.8	771,557	–	–
Kerrobert Union		30	18.8	1,121,609	12,409	–
Kincaid Union		9	5.0	432,535	–	–
Kindersley Union		55	28.6	1,777,922	–	–
Kinistino Union		16	12.4	642,735	–	–
Kipling Memorial Union		27	12.0	920,780	–	–
Kyle-White Bear Union		8	5.4	465,899	–	–
Lafleche Union		8	4.3	457,301	–	–
La Loche, St. Martin's		12	6.8	604,850	–	4,730
Lampman Union		8	3.4	461,911	–	–
Langenburg Union		29	14.6	989,138	–	–
Lanigan Union		30	20.3	1,154,727	80,972	1,425
La Ronge		28	19.8	1,304,033	–	9,380
Leader Union		25	12.4	729,234	–	–
Leoville Union		11	6.7	383,143	–	–
Lestock, St. Joseph's Union		22	20.4	958,787	–	–
Lloydminster		92	61.1	2,074,522	–	–
Loon Lake Union		18	10.7	565,722	–	–
Lucky Lake Union		9	5.0	441,827	–	–
Macklin, St. Joseph's		25	11.7	669,156	–	–
Maidstone Union		19	16.5	832,459	–	–
Mankota Union		9	3.6	416,844	–	–
Maple Creek Union		44	21.8	1,214,697	147,310	–
Meadow Lake Union		52	32.4	2,304,230	–	–
Melfort Union		85	61.0	4,388,054	2,520,273	732
Melville, St. Peter's	(2)	81	63.6	3,874,855	77,504	2,561
Midale Union		8	5.2	438,600	–	–
Milden Union		10	5.6	419,016	–	–
Montmartre Union		11	9.3	482,708	–	887
Moose Jaw, Providence	(3)	134	113.1	7,269,244	24,934	17,548
Moose Jaw Union	(4)	254	175.5	12,565,389	148,269	3,608
Moosomin Union		50	44.3	2,599,228	–	1,838
Neilburg and District Union		11	7.8	465,766	–	–
Nipawin Union		62	51.8	3,275,854	362,562	–
Nokomis Union		10	6.5	456,614	18,819	–
Norquay-Canora Union		15	11.0	592,344	–	–
North Battleford, Battlefords Union	(5)	200	163.8	10,643,661	4,734	1,520
Outlook Union		22	17.1	853,718	–	222
Oxbow Union		21	10.5	624,274	–	–
Pangman Union		10	4.2	399,137	–	255
Paradise Hill Union		18	11.5	621,690	–	–
Ponteix Union		10	5.0	396,697	–	–
Porcupine-Carragana Union		20	12.6	691,786	51,604	–
Preeceville Union		29	21.5	1,134,641	4,050	–
Prince Albert, Holy Family	(6)	162	116.3	8,072,351	47,000	17,210
Prince Albert, Victoria Union	(7)	228	186.1	11,807,005	212,120	1,673
Rabbit Lake Union		10	6.0	414,879	–	–
Radville Community		18	11.7	749,598	–	–
Redvers Union		21	14.9	752,275	–	465
Regina General	(8)	489	437.9	46,925,008	625,575	14,434
Regina, South Saskatchewan Hospital Centre:						
– Pasqua Hospital	(9)	404	321.6	29,658,380	6,902,444	8,950
– Plains Health Centre		300	232.0	29,414,135	294,849	5,794
– Wascana Hospital	(B) (10)	215	284.4	10,829,045	50,000	–
Rockglen Union		7	5.0	466,693	21,588	630

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1984

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/84	Approved Daily Census Mar. 31/84	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Rosetown Union		34	25.6	1,794,035	–	–
Rose Valley Union		16	11.0	624,496	–	–
Rosthern Union		42	29.2	1,587,933	–	1,899
St. Walburg Union		20	7.3	528,360	–	–
Saskatoon City	(11)	376	295.8	26,669,366	503,239**	15,056
Saskatoon, St. Paul's		330	291.0	27,908,247	378,954**	92,451
Saskatoon, University	(12)	546	433.0	66,777,588	4,063,700**	76,185
Shaunavon Union		37	18.9	1,171,128	–	–
Shellbrook Union		30	22.0	1,180,246	21,900	641
Smeaton Union		11	6.0	453,440	–	–
Spalding Union		12	8.5	218,242	–	–
Spiritwood Union		20	16.5	827,818	–	1,613
Swift Current Union	(13)	164	120.4	9,067,806	–	2,407
Thecdore Union		13	7.3	446,098	–	–
Tisdale Union		68	32.0	2,493,958	–	–
Turtleford, Riverside Memorial Union		26	18.8	1,052,889	–	–
Unity Union		28	18.2	1,017,564	15,370	–
Uranium City, Municipal		32	17.2	1,247,113	–	–
Vanguard Union		11	5.0	352,947	–	–
Wadena Union		42	21.1	1,298,182	–	–
Wakaw Union		26	21.5	1,062,511	77,250	1,716
Watrous Union		31	20.0	962,623	–	590
Watson Union		14	10.0	535,037	–	–
Wawota Memorial Union		13	9.2	458,384	–	1,184
Weyburn Union		101	67.3	4,745,788	7,419	1,492
Whitewood-Moosomin Union		10	7.2	493,490	4,372	–
Wilkie Union		31	19.0	962,722	94,000	–
Wolseley Memorial Union		19	14.8	806,898	–	–
Wynyard Union		21	17.8	985,680	–	–
Yorkton Union	(14)	313	245.2	14,298,672	726,918	2,828
Total (134 Hospitals)		7,105	5,362.7	$430,525,649	$18,482,378	$313,731

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1984

Type and Location of Hospital Facility	Rated Bed Capacity Mar. 31/84	Approved Daily Census Mar. 31/84	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Other Facilities					
Canadian Red Cross Blood Depot – Regina and Saskatoon	–	–	$ 4,499,453	$ 7,500	$ –
Saskatchewan Anti-Tuberculosis League – Fort San	–	–	812,475	–	–
Saskatchewan Cancer Foundation – Saskatoon Clinic	–	–	–***	56,543	–
Total	–	–	$ 5,311,928	$ 64,043	$ –
	7,105	5,362.7	$435,837,577	$18,546,421	$313,731
Less: Recoveries from Saskatchewan Health – Continuing Care Division re: Level 4 Patients	–	–	17,140,800	–	–
Grand totals	7,105	5,362.7	$418,696,777	$18,546,421	$313,731

(A) Owned and operated by Federal Government.
(B) Rehabilitation Hospital.
* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.
** Includes Capital Grants paid under "The Heritage Fund"
*** Payments for operating costs are made by separate Provincial Grant paid through Saskatchewan Health. In 1983-84 this grant amounted to $14,353,800.

(1) Includes – 12 Alcoholic Rehabilitation Beds.
(2) Includes – 10 Extended Care Beds.
(3) Includes – 42 Extended Care Beds.
(4) Includes – 22 Psychiatric Beds.
(5) Includes – 32 Psychiatric Beds.
(6) Includes – 15 Extended Care Beds.
(7) Includes – 60 Psychiatric Beds and 69 Extended Care Beds.
(8) Includes – 38 Psychiatric Beds and 25 Extended Care Beds.
(9) Includes – 10 Extended Care Beds.
(10) Excludes – 54 Department of Veterans Affairs Beds but includes 131 Extended Care Beds and 84 Rehabilitation Beds.
(11) Includes – 16 Psychiatric Beds.
(12) Includes – 39 Psychiatric Beds and 22 Rehabilitation Beds.
(13) Includes – 14 Psychiatric Beds.
(14) Includes – 51 Psychiatric Beds and 60 Extended Care Beds.

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1984

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments for Operating Costs	Provincial Grants for Construction and Renovations
Community Clinics					
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory Radiology	Semi-monthly	$ 36,900	$ –
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	3,045,511	–
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	1,208,802	–
Community Health Services (Saskatoon) Association Ltd.	Saskatoon	Outpatient Services	Semi-monthly	3,619,155	–
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	225,549	–
				$8,135,917	$ –
Less: Recoveries from Saskatchewan Medical Care Insurance Commission re: Physician Salaries				4,293,187	
				$3,842,730	$ –
Community Health and Social Centres					
Delisle Community Health and Social Centre	Delisle	Outpatient Services	Semi-monthly	$ 83,513	$ –
Hodgeville Community Health and Social Centre	Hodgeville	Outpatient Services	Semi-monthly	43,989	6,024
Leroy Community Health and Social Centre	Leroy	Outpatient Services	Semi-monthly	40,834	–
Maryfield Community Health and Social Centre	Maryfield	Outpatient Services	Semi-monthly	55,082	–
Mossbank Community Health and Social Centre	Mossbank	Outpatient Services	Semi-monthly	37,123	–
Neudorf Community Health and Social Centre	Neudorf	Outpatient Services	Semi-monthly	17,897	–
Quill Lake Community Health and Social Centre	Quill Lake	Outpatient Services	Semi-monthly	37,792	–
Raymore Community Health and Social Centre	Raymore	Outpatient Services	Semi-monthly	15,027	–
Strasbourg Community Health and Social Centre	Strasbourg	Outpatient Services	Semi-monthly	102,257	–
Willow Bunch Community Health and Social Centre	Willow Bunch	Outpatient Services	Semi-monthly	46,209	–
Zenon Park Community Health and Social Centre	Zenon Park	Outpatient Services	Semi-monthly	47,421	–
				$ 527,144	$ 6,024
Total				**$4,369,874**	**$ 6,024**

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1984

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G. Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-service	$ 12,975
K. Julian	Moose Jaw	Physical Therapy	Fee-for-service	103,863
G. Beveridge	Regina	Physical Therapy	Fee-for-service	563,170
A. Durkin	Regina	Physical Therapy	Fee-for-service	164,297
Barbara Reid	Regina	Physical Therapy	Fee-for-service	196,568
Dr. D. Tanner	Regina	Osteopathic	Fee-for-service	44,666
J. T. Wasylenko	Regina	Physical Therapy	Fee-for-service	263,445
C. I. Porter	Rosetown	Physical Therapy	Fee-for-service	47,280
J. Crawford	Saskatoon	Physical Therapy	Fee-for-service	204,348
Smithwick's Physiotherapy	Saskatoon	Physical Therapy	Fee-for-service	294,328
Total				$1,894,940

Appendix B
Grants for Construction and Renovations, 1983-84

General Hospitals	Project	Status of Construction	Total Grants Approved	Payments during April 1/83 to March 31/84
Assiniboia Union	Renovations – general	Completed	$ 58,763	$ 58,763
Balcarres Union	Replace Roof	Underway	75,420	56,620
Bigger Union	Replace Roof	Completed	8,444	8,444
Broadview Union	Feasibility Study	Completed	3,000	3,000
Carrot River Union	Renovations – general	Completed	7,266	7,266
Craik Community	Emergency Power System	Completed	8,422	8,422
Cupar Union	Renovations – mechanical	Underway	32,378	24,378
Cut Knife Union	New – 8 bed Hospital	Completed	916,942	569,970
Davidson Union	Renovations – general	Completed	149,871	21,363
Davidson Union	Renovations – general	Completed	17,600	17,600
Esterhazy, St. Anthony's	Renovations – mechanical – Phase 1	Completed	36,661	22,891
Esterhazy, St. Anthony's	Renovations – mechanical – Phase 2	Completed	75,349	42,349
Eston Union	Emergency Power System	Completed	21,895	21,895
Foam Lake Union	New – 18 bed Hospital	Completed	536,020	15,140
Gravelbourg, St. Joseph's	Renovations – mechanical	Completed	29,173	29,173
Gull Lake Union	Role Study	Underway	4,950	3,750
Hafford Union	Renovations – mechanical	Underway	18,200	13,650
Hudson Bay Union	Feasibility Study	Completed	2,367	2,367
Humboldt, St. Elizabeth's	Renovations – mechanical	Completed	33,000	–
Indian Head Union	Extension and renovations	Underway	76,699	55,199
Kamsack Union	Renovations – mechanical	Underway	16,217	–
Kelvington Union	Replace roof and install air conditioning	Completed	100,000	–
Kerrobert Union	Extension and renovations	Underway	27,209	12,409
Kinistino Union	Emergency Power System	Underway	18,050	–
La Loche, St. Martin's	New – 12 bed modular hospital	Completed	571,742	–
Lanigan Union	Extension and renovations	Completed	161,944	60,972
La Ronge	New – 28 bed hospital	Planning	4,557,500	–
Lloydminster	New – 117 bed hospital	Planning	9,696,000	–
Maidstone Union	New – 25 bed hospital	Planning	2,171,000	–
Maple Creek Union	Renovations – fire safety and replace roof	Completed	147,310	147,310
Meadow Lake Union	Renovations – fire safety	Underway	9,525	–
Meadow Lake Union	Renovations – general	Underway	18,500	–
Melfort Union	Major expansion and renovation	Underway	6,093,148	2,520,273
Melville, St. Peter's	Renovations – I.C.U. and C.C.U.	Completed	76,352	57,264
Melville, St. Peter's	Emergency Power System	Underway	27,240	20,240
Montmartre Union	Feasibility Study	Underway	5,000	–
Moose Jaw, Providence	Replace roof	Completed	99,737	24,934
Moose Jaw Union	Replace medical gas piping	Completed	59,669	9,669
Moose Jaw Union	Renovations – energy conservation	Completed	138,600	138,600
Nipawin Union	New – 70 bed Hospital	Planning	3,498,578	362,562
Nokomis Union	Extension – storage space	Completed	25,819	18,819
North Battleford, Battlefords Union	New – 32 bed Psychiatric Unit	Completed	2,804,734	4,734
Oxbow Union	Renovations – mechanical	Underway	69,321	–
Porcupine – Carragana	Roof replacement and fire safety renovations	Completed	68,604	51,604
Preeceville Union	Renovations – general	Completed	40,550	4,050
Prince Albert, Holy Family	Renovations – mechanical – Phase 1	Completed	154,502	–
Prince Albert, Holy Family	Renovations – mechanical – Phase 2	Underway	84,000	47,000
Prince Albert, Holy Family	Feasibility Study	Underway	27,300	–
Prince Albert, Victoria Union	Renovations – Dietary	Underway	283,120	212,120
Regina General	Renovations – general	Underway	181,575	135,575
Regina General	Regeneration Program	Underway	68,948,414	490,000
Regina Pasqua	Renovations – A.B.M.C.	Underway	68,550	–
Regina Pasqua	Renovations – general	Underway	175,444	92,444
Regina Pasqua	Regeneration Program	Underway	53,335,779	6,810,000
Regina Plains Health Centre	Renovations – bumper rail installation	Completed	49,475	6,475
Regina Plains Health Centre	Renovations – Nuclear medicine	Completed	61,218	61,218
Regina Plains Health Centre	Central Control and monitoring development system study	Underway	77,056	50,056
Regina Plains Health Centre	Space Utilization Studies	Underway	35,000	35,000
Regina Plains Health Centre	Renovations – general	Underway	296,100	142,100
Rockglen Union	Renovations – energy conservation	Completed	21,588	21,588
Saskatoon City	Renovations – general	Completed	74,304	74,304
Saskatoon City	Renovations – fire safety	Underway	560,000	350,000
Saskatoon City	Planning	Underway	98,935	78,935
Saskatoon, St. Paul's	Feasibility Study	Completed	35,853	3,153
Saskatoon, St. Paul's	Renovations – fire safety	Completed	490,400	308,834
Saskatoon, St. Paul's	Planning	Underway	71,967	66,967
Saskatoon, University	Renovations – general	Underway	84,700	63,700
Saskatoon, University	Major Renovations	Underway	30,000,000	4,000,000
Shellbrook Union	Renovations – install air conditioning	Underway	28,900	21,900
Spiritwood Union	Renovations – general	Underway	64,000	–
Tisdale Union	Medical gas piping system	Underway	33,000	–
Unity Union	Renovations – electrical and fire safety	Underway	30,370	15,370
Vanguard Union	Renovations – mechanical	Completed	29,000	–
Wakaw Union	Extension and renovations	Underway	103,000	77,250
Watrous Union	New – 25 bed hospital	Planning	1,967,600	–
Weyburn Union	Renovations – general	Completed	27,419	7,419
Weyburn Union	Role study and master program	Underway	32,850	–
Whitewood-Moosomin	Feasibility study	Completed	4,372	4,372
Wilkie Union	Replace roof	Completed	84,877	–
Wilkie Union	Renovations – general	Underway	125,334	94,000
Yorkton Union	Major expansion and renovations	Underway	5,726,820	726,918
Total			$196,085,591	$18,432,378

Appendix B — Continued
Grants for Construction and Renovations, 1983-84

General Hospitals	Project	Status of Construction	Total Grants Approved	Payments during April 1/83 to March 31/84
Rehabilitation and Extended Care Hospitals				
Regina, Wascana Hospital	Renovations – fire safety	Underway	$ 55,000	$ –
Regina, Wascana Hospital	Renovations – general	Underway	60,000	50,000
Total			$ 115,000	$ 50,000
Community Health and Social Centres				
Hodgeville	Renovations – general	Completed	$ 6,024	$ 6,024
Total			$ 6,024	$ 6,024
Other Facilities				
Canadian Red Cross Blood Depot – Saskatoon Hospital Laboratory	Renovations – relocated	Completed	42,347	7,500
Saskatoon Cancer Clinic	Feasibility Study – Cancer Clinic and Research	Underway	560,000	56,543
Total			$ 602,347	$ 64,043
Grand Total			$196,808,962	$18,552,445

Appendix C
Population Covered

Appendix C-1
Age and Sex Distribution of Covered Population* for Selected Years 1947-1983

Year**	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
				Both Sexes				
1947	780,445	20,071	64,106	143,349	139,668	213,985	144,699	54,567
1951	779,470	19,044	73,284	143,165	121,773	215,603	141,797	64,813
1956	831,074	22,011	81,432	165,668	116,737	221,200	147,222	76,801
1961	910,139	22,982	90,649	198,977	127,335	221,469	163,149	85,578
1966	951,434	19,501	88,576	213,951	151,738	210,633	178,198	88,837
1971	938,527	16,878	66,662	206,366	170,043	197,670	186,739	94,169
1976	949,463	16,061	62,886	178,091	189,661	211,564	187,812	103,338
1981	990,746	15,840	66,659	159,580	193,959	253,237	184,748	116,723
1982	1,000,667	16,160	67,645	159,951	190,428	263,058	183,940	119,485
1983	1,014,496	16,478	68,888	160,646	189,071	273,720	183,717	121,976
				Males				
1947	407,336	10,271	32,870	72,821	68,697	109,495	81,376	31,806
1951	404,262	9,789	37,567	73,153	59,964	108,384	77,895	37,501
1956	429,166	11,245	42,141	84,938	58,077	110,554	78,571	43,640
1961	468,881	11,918	46,860	102,389	63,940	110,883	85,475	47,416
1966	484,979	10,028	45,211	109,777	76,573	105,624	91,434	46,332
1971	473,600	8,597	34,252	105,394	85,560	98,622	93,877	47,298
1976	478,886	8,103	32,080	90,930	97,106	106,934	93,772	49,961
1981	498,641	8,199	34,126	81,605	99,029	129,112	92,102	54,468
1982	503,095	8,306	34,866	81,722	97,162	134,106	91,611	55,322
1983	504,634	8,283	35,527	82,009	96,562	139,947	91,488	56,046
				Females				
1947	373,109	9,800	31,236	70,528	70,971	104,490	63,323	22,761
1951	375,208	9,246	35,717	70,003	61,809	107,219	63,902	27,312
1956	401,908	10,766	39,291	80,730	58,660	110,646	68,651	33,164
1961	441,258	11,064	43,789	96,588	63,395	110,586	77,674	38,162
1966	466,455	9,473	43,365	104,174	75,165	105,009	86,764	42,505
1971	464,927	8,281	32,410	100,972	84,483	99,048	92,862	46,871
1976	470,577	7,958	30,806	87,161	92,555	104,630	94,040	53,427
1981	492,105	7,641	32,533	77,975	94,930	124,125	92,646	62,255
1982	497,572	7,854	32,779	78,229	93,266	128,952	92,329	64,163
1983	504,634	8,195	33,361	78,637	92,509	133,733	92,229	65,930

* A detailed "Covered Population Report" is published yearly and is available for a charge from S.H.S.P. "Covered Population" refers to all persons eligible to receive S.H.S.P. insured services. Caution should be exercised in using these figures as population estimates. They may not agree with Statistics Canada Census figures.

** The years prior to 1965 include all persons provided with any coverage between January and August 31. The years since 1965 include all persons who were eligible at June 30.

Appendix C-2

Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1973, 1978, 1983

Year*	Group	Total	Type of Residence				
			Cities	Towns	Villages	Rural	Reservations
1973	Total	923,161	398,572	140,336	83,197	264,643	36,433
	Under 1	16,782	8,058	2,296	1,386	3,585	1,457
	1-4	62,801	27,978	8,557	5,606	15,003	5,657
	5-14	191,481	78,385	28,956	16,928	57,600	11,612
	15-24	170,211	76,419	23,032	13,992	49,757	7,011
	25-44	195,502	95,624	27,117	15,527	50,671	6,563
	45-64	186,621	72,766	28,702	17,135	65,129	2,889
	65+	99,783	39,342	23,676	12,623	22,898	1,244
1978	Total	970,510	440,302	162,114	83,778	244,377	39,939
	Under 1	16,235	7,301	2,484	1,598	3,561	1,291
	1-4	64,327	28,030	9,896	5,893	15,253	5,255
	5-14	169,224	70,765	24,869	13,859	47,231	12,500
	15-24	197,442	94,028	29,140	15,292	50,214	8,768
	25-44	227,260	114,677	33,301	17,393	54,403	7,506
	45-64	187,767	80,149	32,573	16,348	55,435	3,262
	65+	108,235	45,352	29,851	13,395	18,280	1,357
1983	Total	1,014,496	483,269	170,031	79,326	235,485	46,385
	Under 1	16,478	7,514	2,513	1,457	3,479	1,515
	1-4	68,888	30,825	10,629	5,905	15,613	5,916
	5-14	160,646	69,306	24,181	12,561	41,722	12,876
	15-24	189,071	94,010	27,348	12,995	43,651	11,067
	25-44	273,720	144,465	40,389	18,547	60,609	9,710
	45-64	183,717	83,690	31,125	14,113	50,973	3,816
	65+	121,976	53,459	33,846	13,748	19,438	1,485
Percentage Changes: 1973-1983							
	Total	9.9	21.3	21.2	(4.7)	(11.0)	27.3
	Under 1	(1.8)	(6.8)	9.5	5.1	(3.0)	4.0
	1-4	9.7	10.2	24.2	5.3	4.1	4.6
	5-14	(16.1)	(11.6)	(10.3)	(25.8)	(27.6)	10.9
	15-24	11.1	23.0	18.7	(7.1)	(12.3)	57.9
	25-44	40.0	51.7	48.9	19.5	19.6	48.0
	45-64	(1.6)	15.0	8.4	(17.6)	(21.7)	32.1
	65+	22.2	35.9	43.0	8.9	(15.1)	19.4

( ) indicates a decrease
* includes all persons who were eligible at June 30

Appendix D
Payments for Saskatchewan Beneficiaries at all Locations

Appendix D-1
Saskatchewan Hospitalization Fund Payments for Years 1981-82 to 1983-84

Item	April 1/81 to Mar. 31/82	April 1/82 to Mar. 31/83	April 1/83 to Mar. 31/84
Total Payments	$348,157,272	$412,123,291	$443,296,409
Percent increase over Previous Year	6.99	18.37	7.56
Per Capita Cost*	$ 351.41	$ 411.85	$ 436.96
Total Hospital Payments	$344,287,100	$407,581,203	$438,766,927
Percent of Total Payments	98.89	98.90	98.98
Percent increase over Previous Year	7.01	18.38	7.65
Total Hospital Payments – Saskatchewan Residents	$343,810,889	$407,810,682	$438,492,182
Percent of Total Hospital Payments	99.86	100.06	99.94
Percent increase over Previous Year	6.86	18.61	7.52
Per Capita Cost*	$ 347.02	$ 407.54	$ 432.23
Total Inpatient Payments	$296,722,604	$356,086,346	$378,774,470
Percent of Total Hospital Payments – Saskatchewan Residents	86.30	87.32	86.38
Percent increase over Previous Year	4.88	20.01	6.37
Inpatient Payments – General Hospitals	$284,451,411	$347,038,589	$369,462,129
Percent of Total Hospital Payments – Saskatchewan Residents	82.73	85.10	84.26
Percent increase over Previous Year	3.57	22.00	6.46
Inpatient Payments – Rehabilitation and Extended Care Hospitals	$ 12,271,193	$ 9,047,757	$ 9,312,341
Percent of Total Hospital Payments – Saskatchewan Residents	3.57	2.22	2.12
Percent increase over Previous Year	(50.34)	(26.27)	2.92
Outpatient Payments†	$ 47,937,101	$ 52,616,576	$ 60,880,494
Percent of Total Hospital Payments – Saskatchewan Residents	13.94	12.90	13.88
Percent increase over Previous Year	21.14	9.76	15.71
Recoveries – Third Party Liability	$ 848,816	$ 892,240	$ 1,162,782
Percent of Total Hospital Payments – Saskatchewan Residents	.24	.22	.26
Percent increase over Previous Year	12.71	5.11	30.32
Total Hospital Payments – Reciprocal Billings for Non-Saskatchewan Residents	$ 476,211	$ (229,479)	$ 274,745
Percent of Total Hospital Payments	.14	(.06)	.06
Total Administration Payments	$ 3,870,172	$ 4,542,088	$ 4,529,482
Percent of Total Payments	1.11	1.10	1.02
Percent increase over Previous Year	5.60	17.36	(.28)
Per Capita Cost*	$ 3.91	$ 4.54	$ 4.46

* Based on total covered population as shown in Appendix C-1.
† Includes Wascana Hospital which provides outpatient services.

Appendix E
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenue for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 18.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 7.

The Hospital Standards Act

This Act and regulations thereunder provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to page 15.

The Union Hospital Act

This Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The Union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 18.

Appendix F
Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also average daily census). The average daily census approved by the Plan as reflecting the necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separations by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced, co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of service than a regional hospital.

Extended (Chronic) Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 -- **Supervisory Care.** This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — **Personal Care.** Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — **Basic Nursing Care.** This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — **Extended Care.** This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention, highly skilled technical and nursing personnel provided, under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Level 5 — **Rehabilitation Care.** This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital

conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of coverage is an insured benefit under the Plan.

Level 6 — **Acute Care.** This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic services from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rates of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services, which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly instalments).

Rated Bed Capacity. The maximum number of beds which according to the Minister of Health should be set up in the hospital.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.

POOR

QUALITY

ORIGINAL